

**Boston University Department of Linguistics**  
**RESEARCH FELLOWSHIP AGREEMENT FORM**

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Linguistics PhD students at Boston University can expect to serve as Research Fellows (RFs) for as few as one and as many as six of their required service semesters. RFs are assigned to work with one of the core faculty of the BU linguistics department, who will initiate, oversee, and sign off on the work completed as part of the research fellowship.

This form is designed to assist faculty-RF pairs in outlining the general expectations and parameters of the research fellowship, including:

- 1) project description and goals (including overall project objectives and specific goals for RF-ship)
- 2) project significance/importance (why the information will be beneficial; bigger picture)
- 3) methodology/process (specific steps necessary to achieve the goals)
- 4) expected duration of the project and timeline for achieving specific goals
- 5) roles of various members in the project (and relevant background experience)
- 6) expected outcomes (such as conferences, papers, or grants)
- 7) questions of authorship on any future publications
- 8) if associated with a QP, which aspects of the project are considered to be student-led and part of the QP, and which are faculty-led (and should not be part of the QP)

As research projects evolve, so too may the parameters above change, and thus faculty-RF pairs should return to amend this form should substantial changes arise.

*Research fellowship agreement forms should be completed jointly by the faculty member and RF during the first two weeks of the semester in which the research fellowship is assigned. Final signatures signifying the completion of the project should be completed within two weeks after the end of the semester in which the research fellowship is assigned. Completed forms should be sent to the Department Administrator ([lxstaff@bu.edu](mailto:lxstaff@bu.edu)) and the Director of Graduate Studies ([linggrad@bu.edu](mailto:linggrad@bu.edu)) at each stage.*

Name of faculty member: \_\_\_\_\_

Name of research fellow: \_\_\_\_\_

Semester/year: \_\_\_\_\_

**To be completed jointly at the beginning of the fellowship semester**

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Topic of research project:

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Notes detailing the parameters and expectations of the research fellowship (see paragraph above):

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Signature of research fellow

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Date

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Signature of faculty member

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Date

(After signing, please send the form to the department administrator and the DGS, see above).

**To be completed jointly at the end of the fellowship semester**

Notes detailing the work completed during the research fellowship:

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Detail any changes here regarding expected roles and responsibilities regarding the future of the project:

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\_\_\_\_\_  
Signature of research fellow

\_\_\_\_\_  
Date

(After discussion with your faculty advisor, please sign and return this form to them for their final signature.)

Was the research fellowship completed satisfactorily?  Yes  No If not, please include details below.

\_\_\_\_\_  
Signature of faculty member

\_\_\_\_\_  
Date

(After signing, please send the form to the department administrator and the DGS, see above).